



AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Customer No.: 23696
 Attorney Docket No.: 020075
 In Re Application of: Chris A. Wolfe et al.
 Serial Number: 10/010,587
 Filed: November 13, 2001
 Examiner: Barbara N. Burgess
 Group Art Unit: 2157

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|--------------------------------------|--|------------------|--|----------|
| Total* | 23 | 25 | 0 | x \$50 = | \$0 |
| Independent** | 3 | 3 | 0 | x \$200 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$360 | \$0 |
| EXTENSION FEES | | | | <input type="checkbox"/> One Month \$120 | \$0 |
| | | | | <input type="checkbox"/> Two Months \$450 | \$0 |
| | | | | <input type="checkbox"/> Three Months \$1020 | \$0 |
| TERMINAL DISCLAIMER | | | | \$130 | \$0 |
| | | | | TOTAL FEE | \$0 |

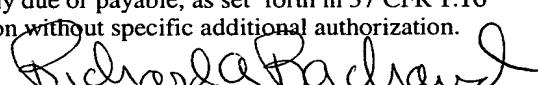
*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$ _____ is enclosed to pay for any claim and/or extension fees.
5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.

The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.

6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: Sept 15, 2006Signature: Richard A. Bachand, Reg. No. 25,107
(858)845-8503

QUALCOMM Incorporated
 Attn: Patent Department
 5775 Morehouse Drive
 San Diego, California 92121-1714
 Telephone: (858) 658-5787
 Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: Cristina Pandolfo
(type or print name)Date: September 15, 2006

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Depositor's Name: _____

(type or print name)Signature: C. Pandolfo



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application)
No. 10/010,587) For: **SYSTEM FOR PROVIDING**
) **ONLINE SERVICE REPORTS**
)
First Named Inventor: Chris A. Wolfe)
)
Examiner: Barbara Burgess)
)
Filed: November 13, 2001) Group No. 2157

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated June 15, 2006, please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Cristina A. Pandolfo
(type or print name)

Date: September 15, 2006

Signature: C. Pandolfo

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Date: _____

Signature: _____